

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101018845 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT		NO.	*		NO.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1							51			51		
2							52			52		
3							53			53		
4							54			54		
5							55			55		
6							56			56		
7							57			57		
8							58			58		
9							59			59		
10							60			60		
11							61			61		
12							62			62		
13							63			63		
14							64			64		
15							65			65		
16							66			66		
17							67			67		
18							68			68		
19							69			69		
20							70			70		
21							71			71		
22							72			72		
23							73			73		
24							74			74		
25							75			75		
26							76			76		
27							77			77		
28							78			78		
29							79			79		
30							80			80		
31							81			81		
32							82			82		
33							83			83		
34							84			84		
35							85			85		
36							86			86		
37							87			87		
38							88			88		
39							89			89		
40							90			90		
41							91			91		
42							92			92		
43							93			93		
44							94			94		
45							95			95		
46							96			96		
47							97			97		
48							98			98		
49							99			99		
50							100			100		
TOTAL IND.	11	11	11	11	11	11	TOTAL IND.	11	11	11	11	11
TOTAL DEP.	11	11	11	11	11	11	TOTAL DEP.	11	11	11	11	11
TOTAL	11	11	11	11	11	11	TOTAL	11	11	11	11	11

PTO-1080 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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